FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90127 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128775

1. Entity Name
MITCH BRANCH & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6114 GOODMAN ROAD STE #2 JACKSONVILLE, FL 32244	6114 GOODMAN ROAD STE #2 JACKSONVILLE, FL 32244

24U7J1JU

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2308284 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCH, JAMES M
8182 LOCH LOMOND LANE
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name: James M. Branch
4520 Saddlehorn Trail
City: Middleburg FL Zip Code: 32068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRANCH, JAMES M 8182 LOCHLOMOND LANE JACKSONVILLE, FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVTD Shelli Usher-Branch 4520 Saddlehorn Trail Middleburg FL 32068	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James M. Branch 4520 Saddlehorn Trail Middleburg FL 32068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/5/04 904-317-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 2/10/2004

Division of Corporations

Annual Report

Page 1

Paid 2/12/04 CK # 4090 $150.00

Document Number
P02000128775
Business Entity Name
MITCH BRANCH & ASSOCIATES, INC.

FEI Number 562308284
FEI Number Status ○ Applied For ○ Not Applicable ◉ Current
Certificate of Status Desired ○ Yes ◉ No

Principal Place of Business

Address: 6114 GOODMAN ROAD STE #2
Suite, Apt. #, etc.:
City, State: JACKSONVILLE, FL
Zip Code & Country: 32244

Mailing Address

Address: 6114 GOODMAN ROAD STE #2
Suite, Apt. #, etc.:
City, State: JACKSONVILLE, FL
Zip Code & Country: 32244

Name And Address of Registered Agent

Name (Last, First, Middle, Title): BRANCH, JAMES, M,
-or- RA Business Name:
Address: 8182 LOCH LOMOND LANE
Suite, Apt. #, etc.:
City, State: JACKSONVILLE, FL
Zip Code & Country: 32244 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature James L Branch